

0001

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.

2. Restricted Delivery.

3. Article Addressed to: *Mr. Michael Glasson*
Andalex Resources, Inc.
P.O. Box 902
Price UT 84001

4. Type of Service: Registered Insured
 Certified COD Express Mail

Article Number: *P402 459 442*

Always obtain signature of addressee or agent and **DATE DELIVERED:**

5. Signature - Addressee
X *M. Glasson*

6. Signature - Agent
X

7. Date of Delivery
11-25-87 *Udink*

8. Addressee's Address (ONLY if requested and fee paid)

ACI/007/019 + PRE/007/034

DOMESTIC RETURN RECEIPT

P 402 459 442

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL.

(See Reverse)

Sent to *MR. Michael Glasson*
Andalex Resources, Inc

Street and No.
P.O. Box 902

P.O., State and ZIP Code
Price UT 84001

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to whom and Date Delivered

Return Receipt Showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees \$

Postmark or Date

24
NOV 25 1987
BSPD

ACI/009/019 + PRE/007/034

PS Form 3800, Feb. 1982

PS Form 3811, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:

*Mr. Rick Olsen, Pres.
Soldier Creek Coal Co.
P.O. Box I
Price UT 84501*

4. Type of Service:

- Registered
- Certified
- Express Mail
- Insured
- COD

Article Number

P 402 459 427

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

X [Signature]

6. Signature - Agent

X

7. Date of Delivery

NOV 30 1987

8. Addressee's Address (ONLY if requested and fee paid)

Same

DOMESTIC RETURN RECEIPT

ACT 1007 1018 PRO 1007 1034

W. J. [unclear]

P 402 459 427

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to *MR. RICK OLSEN, Pres.
Soldier Creek Coal Co.*

Street and No.

P.O. Box I

P.O., State and ZIP Code

Price UT 84501

Postage

\$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

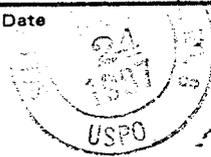
Return Receipt Showing to whom and Date Delivered

Return Receipt Showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees

\$

Postmark or Date



PS Form 3800, Feb. 1982

ACT 1007 1018 & PRO 1007 1034